

Wisconsin Department of Safety and Professional Services

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Madison, WI 53703

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DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

APPLICATION FOR APPROVAL OF FIREARMS PROFICIENCY CERTIFIER

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

☐

Your name and address are available to the public.

Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

PLEASE TYPE OR PRINT IN INK

Last Name

First Name

MI

Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth

Daytime Telephone Number

____ month ____ day ____ year

() _____ - _____

Ethnic/gender status
information is optional.

Sex:

☐ M☐ F

Ethnic:

☐☐☐

White, not of Hispanic origin
Black, not of Hispanic origin
Hispanic

☐☐☐

American Indian or Alaskan
Asian or Pacific Islander
Other

Have you ever held a license/credential in the state of Wisconsin?

____ Yes ____ No (please indicate)

If yes, provide your Wisconsin license/credential number.

The firearms proficiency certifier license expires on the even-numbered year. It may be renewed for a two year period at that time.

Place of Birth

Height

Weight

Eye Color

Hair Color

Other Names Ever Used By Firearms Proficiency Certifier (e.g., legal name change, maiden name, alias)

Firearms Proficiency Certifier is one of the following (check the box that applies):

☐

Licensed Private Detective

☐

Police Officer

☐

Private Security Permit Holder

☐

Other

APPLICATION FEE: Make check payable to Department of Safety and Professional Services and attach to this application.

For Receipting Use Only

☐ Initial approval

No fee

☐ Reapproval

\$ 8.00 CIB Background check

Wisconsin Department of Safety and Professional Services

APPLICANT SEEKS APPROVAL, AS FOLLOWS:

- ☐ I would like to be **initially approved** by the Department of Safety and Professional Services to certify firearms proficiency under sec. SPS 34, Wis. Admin. Code.
- ☐ I would like to be **reapproved** by the Department of Safety and Professional Services to certify firearms proficiency under sec. SPS 34, Wis. Admin. Code.
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I QUALIFY AS A FIREARMS PROFICIENCY CERTIFIER UNDER SEC. SPS 34.04, WIS. ADMIN. CODE, BECAUSE:

- ☐ I am approved as a firearms instructor by the Training and Standards Bureau in the Wisconsin Department of Justice. **Proof of current approval is attached.**
- ☐ I hold a currently-valid instructor's certificate in the police firearms instructor's program or security firearms instructor's program issued by the National Rifle Association. **Proof of current certification is attached.**
- ☐ At any time on or after January 1, 1995, I was approved as a firearms instructor by the Wisconsin Law Enforcement Standards Board or certified as a law enforcement firearms instructor, or a substantially equivalent designation, by the National Rifle Association and have completed a 6-hour firearms instructor refresher course within 12 months before application for approval or reapproval by the Department. The refresher course was presented by a regional training school approved by the Wisconsin Law Enforcement Standards Board (i.e., a vocational-technical college) or by a staff instructor in the Law Enforcement Activities Division of the National Rifle Association. **Proof is attached.**
- ☐ I hold a current certification or approval as a firearms instructor from a school in the Wisconsin technical college system, that certifies or approves firearms instructors in a manner which the department determines achieves equivalency to one of the outcomes prescribed in prescribed in section [SPS 34.04\(1\)-\(3\)](#) of the Wisconsin Administrative Code. **Proof is attached.**
- ☐ I hold a current certification or approval as a firearms instructor from an institution approved by the U.S. Department of Education, that certifies or approves firearms instructors in a manner which the department determines achieves equivalency to one of the outcomes prescribed in prescribed in section [SPS 34.04\(1\)-\(3\)](#) of the Wisconsin Administrative Code. **Proof is attached.**
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STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| A. Have you EVER been convicted of a MISDEMEANOR, OPERATING WHILE INTOXICATED (OWI) , a VIOLATION of any federal, state or local law, OR are criminal or OWI charges currently pending against you in this or any other state? <u>If YES, complete and attach Form #2252, Convictions and Pending Charges.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you EVER been convicted of a VIOLATION of any federal, state or local law or municipal ordinance that is punishable by a fine or forfeiture in this or any other state? <u>If YES, complete and attach Form #2252, Convictions and Pending Charges.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Have you EVER been convicted of a FELONY in this or any other state OR are FELONY charges currently pending AGAINST YOU. <u>If YES, complete and attach the Convictions and Pending Charges (Form #2252).</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Is disciplinary action pending against you in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Have any suits or claims ever been filed against you as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Safety and Professional Services or any of the Boards? <u>If YES, what type of credential?</u> _____ And if in another name, what name? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
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Wisconsin Department of Safety and Professional Services

TO BE COMPLETED BY THE FIREARMS PROFICIENCY CERTIFIER

I state that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential.

I understand the firearms proficiency provisions in sec. SPS 34, Wis. Admin. Code, and I hereby attest to the accuracy of the information on this form.

I hereby attest that I have not been convicted of a felony crime, and that I am not prohibited by any applicable federal or state law from carrying or being in possession of a firearm. I further attest that I have read and understand sec. 941.29, Stats.

If applicable, my fingerprints were submitted to Fieldprint on _____. This application must be submitted within 14 days after submission of fingerprints.

CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

_____ a citizen or national of the United States, or

_____ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

ALL APPLICANTS MUST COMPLETE THIS SECTION

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Signature of Applicant

Date

Wisconsin Department of Safety and Professional Services

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name**Middle Initial**

Last Name

Profession

Date of Birth

month

day

year

$$\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|} \hline & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

EMAIL ADDRESS:

Do you have an email address?

☐ Yes

☐ **No**

If yes, this field is required to receive your application status electronically. Your email address must be clearly legible with the correct case sensitive information.

EMAIL ADDRESS: Submit your email address in the spaces provided below or attach a printer copy.

[illegible]

If no, your checklist will be sent by first class mail.

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.